SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department P.O. Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN



4 くんこ 0281

Bayfield Co. . Zoning Dept.

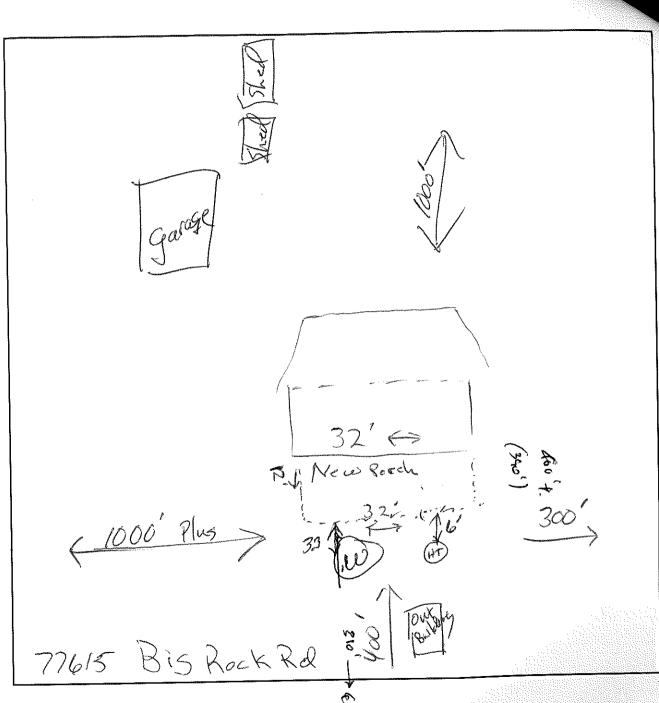
Date: Amount Paid: \$75 10|3|11 1014 Zoning District 1 Application No.: b b 8 1-0398

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Changes in plans must be approved by the Zoning Department.

1102 <i>6/</i> 1200	The water of the second of the	Mitigation Plan Required: Yes 🗆 No 💆	Reason for Deniglogoscop Inspection Record: Shurtwah Moortrails OKOINALOE MERUYEMIASTS & C.U. By	Permit Issued: State Sa Date 10/19/201/ Permit Number	* See Notice on Back Address to send permit 776/5 B/S Rock Rd APPLICANT	FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances, to have access to the above described property at any reasonable time for the purpose of inspection. Owner or Authorized Agent (Signature) Date	☐ Residential Accessory Building Addition (explain)	Residential Addition / Alteration (explain) Residential Accessory Building (explain)		Is your structure in a Shoreland Zone? Yes \(\) No \(\) Structure: New Addition \(\) Existin Fair Market Value \(\) O \(\) Square Footage \(\) USE: \(\) Residence or Principal Structure (# of bedrooms)	Address of Property 17615 Big Rock Rd Washburn WF 5489 Telephone 115 2923474 (Home) 715 373	Block #05 of Deeds	LAND USE SANITARY PRIVY CO Use Tax Statement for Legal Description SE 1/4 of NE 1/4 of Section
Inspector	signed Park		who be come but there exists the of inst	State Sanitary NumberDate	L Washburn WI 54891 T—PLEASE COMPLETE REVERSE SIDE	FAILURE TO OBTAIN A PERMIT OI STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and beli that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfi I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in officials charged with administering county ordinances, to have access to the above described property at any reasonable timportized Agent (Signature) Date	☐ External Improvements to Principal Building (explain) ☐ External Improvements to Accessory Building (explain)	Commercial Other (explain) Special/Conditional Use (explain)	□ Commercial Principal Building Addition (explain) □ Commercial Accessory Building (explain)	Basement: YesN Sanitary: New Type of Septic/Sanitary ☐ Mobile Home (manufact	Contractor C	SubdivisionCSM#	CONDITIONAL USE SPECIAL USE SENETN V. 554 ction Somethin 49 North, Range
Date of Approval	16-18-1	Variance (B.O.A.) #	Stations Arrest to MAT Mountains Date of Inspection 10-18-11	_Date	ATTACH Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)	WILL RESULT IN <u>PENALTIES</u> our) knowledge and belief it is true, correct and complete. I be relied upon by Bayfield County in determining whether am (are) providing in or with this application. I (we) at any reasonable time for the purpose of inspection. Date 130	Principal Building (explain)	n)	Iding Addition (explain)	reater than 75' \[75' to 40' \] less than 40 \[\] No \[\times \] Number of Stories \[\times \] Existing \[\times \] Privy \[\times \] City System \[\times \] System \[\times \] Ured date)	(Phone)	Acreage 30 -25-104-000-10000	ge 5 West. Town of Uhrshburn



Name of Frontage Road (Big) Rock Rd

- Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
- Ŋ Show the location, size and dimensions of the structure.
- ω Show the location, size and dimensions of attached deck(s), porch(s) or garage
- Show the location of the well, holding tank, septic tank and drain field.

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-8 (a-o) COMPLETELY.

4

- Oi Show the location of any lake, river, stream or pond if applicable
- တ Show the location of other existing structures.
- Show the location of any wetlands or slopes over 20 percent.
- Show dimensions in feet on the following:
- Building to all lot lines
- Ö Building to lake, river, stream or pond Building to centerline of road
- <u>a</u> Holding tank to closest lot line
- Φ Holding tank to building
- Holding tank to well
- Holding tank to lake, river, stream or pond
- Privy to closest lot line

- Privy to building
- Privy to lake, river, stream or pond
- Septic Tank and Drain field to closest lot line
- Septic Tank and Drain field to building
- 3
- ₽ Septic Tank and Drain field to well Septic Tank, and Drain field to lake, river, stream or pond.
- Ö Well to building

*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. You Must Contact Your Town Chairman / Clerk For More Information.

The local town, village, city, state or federal agencies may also require permits.

will not make an inspection until location(s) are staked or marked. Stake or mark proposed location(s) of new building, holding tank, septic, drain field, privy, and well. Inspector